

CERTIFICATE OF THE CLERK
OF
[**CITY/TOWN**]

The undersigned certifies that, as of this ____ day of _____ 20__, he/she is the duly elected Clerk of _____, Massachusetts (the "Municipality"), and that, as such, he/she is authorized to execute this Certificate in the name and on behalf of the Municipality and further certifies to the Health Care Security Trust Board of Trustees and the Pension Reserves Investment Management Board that:

1. Attached hereto as Exhibit A is a true, complete and correct copy of resolutions, duly adopted by the Municipality at [Town Meeting/Meeting of City Council] on _____, 20__ in accordance with applicable law. Said resolutions have not been altered, amended, rescinded, or repealed, in whole or in part, remain in full force and effect on the date hereof.
2. The persons listed below are duly qualified and acting officers of the Municipality, duly elected [appointed] to the offices set opposite their respective names, and the signature appearing opposite the name of each person is his or her genuine signature.

<u>Name</u>	<u>Office</u>	<u>Signature</u>
	Treasurer	_____
	Assistant Treasurer	_____
	Clerk	_____

IN WITNESS WHEREOF, I have hereunto set my hand as of the date first written above.

By: _____
Name: _____
Title: Town/City Clerk
Town/City of _____

Exhibit A
Resolutions